

Barcelona (Spain), July 1st 2010.

Name of Bankruptcy Court: United States Bankruptcy Court
Southern District of New York
Name of the Debtors: Lehman Brothers Holdings INC.
Case Number: Chapter 11 Case No. 08-13555 (JMP)
Title of the Objection: Foreign Currency Claims

Name of the claimant Maximiliano Herrera Campos
Claim Number 10419
Basis of the amount of the claim Eur 200,000.000 Fixed Rate Enhanced Capital
Advantaged Preferred Securities (Euro Ecaps)

Address Avda. Meridiana 329 5º 1^a
08027 Barcelona (Spain)

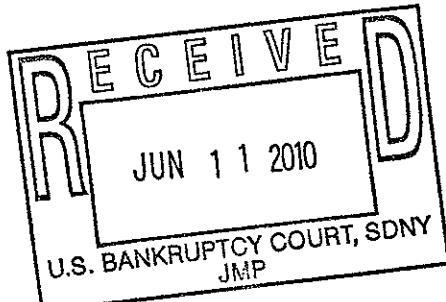
Reasons why the claim should not be disallowed

I filed the amount of the claim in Euros because this is the currency of my investment. I
wish you accept my apologies for the reason given and I would be grateful if you could
change the amount of the claim as follows:

- Amount of the claim in Euros 40.000€
- Current Exchange value at 09/15/2008 1,4151 \$/€
- Amount of the claim in Dollars 56.604\$

This Objection relies on the documentation sent in the Proof of the Claim, which I
attached again.

Thank you in advance for your kind understanding.



A handwritten signature in black ink, appearing to read "Maximiliano Herrera" followed by a surname that is partially obscured by a large, thin-lined oval.

Maximiliano Herrera Campos

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT	DISTRICT OF:	PROOF OF CLAIM
Name of Debtor: Lehman Brothers Holdings Inc.		Case Number:
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): MAXIMILIANO HERRERA CAMPOS	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim No.: _____ (If known)	
Name and address where notices should be sent: AV MERIDIANA 329 5-1 08027, BARCELONA - ESPAÑA	Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Name and address where payment should be sent (if different from above): Telephone number:		
1. Amount of Claim as of Date Case Filed: EUR 40.000 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____	
2. Basis for Claim: EUR200,000,000 Fixed Rate Enhanced Capital Advantaged Preferred Securities (Euro ECAPS®) (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: XS0282978666		
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____	<input type="checkbox"/> Promissory notes, <input type="checkbox"/> Mortgages, and <input type="checkbox"/> Other (ie.) Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted purchase orders, invoices, itu security agreements. You may also attach a summary security interest. You may also	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000001671	
		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain:		
DATE: 24-Oct-2008 		
Signature:		
<p>The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p>		
<p><i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 952.</i></p>		

FOR COURT USE ONLY FILED / RECEIVED <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;"></div> <div style="text-align: center; margin-top: 10px;">JAN 12 2009</div>	
EPIQ BANKRUPTCY SOLUTIONS, LLC	

B 10 (Official Form 10) (12/07) - Cont.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules. Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, and services performed, personal scanning, injury /wrongful death, car loan, mortgage note, and credit card.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is

fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be filled in the name of the person or entity asserting a claim and the name and address partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

INFORMATION

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)
Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax- identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

Acknowledgment of Filing of Claim

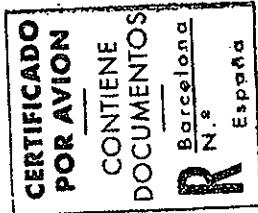
To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

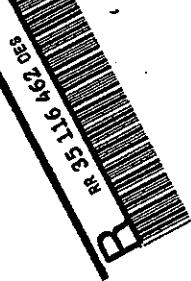


CERTIFICADO



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Lehman Brothers Holdings Claims
Processing
c/o Epq Bankruptcy Solutions, LLC
FDR Station,
P.O. Box 5076
New York, NY 10150-5076
USA



Grupo Deutsche Bank

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076	
In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)
Name of Debtor Against Which Claim is Held	Case No. of Debtor

PROOF OF CLAIM

Filed: USBC - Southern District of New York
Lehman Brothers Holdings Inc., Et Al.
08-13555 (JMP) 0000010419



THIS SPACE IS FOR COURT USE ONLY

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

LBH (MERGE2.DBF.Txnum2) Txnum2 #: 4000001665****
CAMPOS, MAXIMILIANO HERRERA
AV MERIDIANA 329 S-1
BARCELONA 08027
ESPAÑA

Telephone number: Email Address:

Name and address where payment should be sent (if different from above)

Telephone number: Email Address:

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
- Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

Amount entitled to priority:

\$ _____

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EPIC BANKRUPTCY SOLUTIONS, LLC

1. Amount of Claim as of Date Case Filed: \$ EUR 40.000
If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.
If all or part of your claim is entitled to priority, complete Item 5.
If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.
 Check this box if all or part of your claim is based on a Derivative Contract.*
 Check this box if all or part of your claim is based on a Guarantee.*

*IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is a based on a Derivative Contract or Guarantee.

2. Basis for Claim: EUR 200.000.000 FIXED RATE ENHANCED CAP.
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: X50282978666

3a. Debtor may have scheduled account as:
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.
Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe: _____

Value of Property: \$ _____ Annual Interest Rate _____ %
Amount of arrearage and other charges as of time case filed included in secured claim, if any:
\$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____
(See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.
8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary.
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

Date:
31-08-2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

ANNEX 1

DETAILS OF THE PREFERRED SECURITIES AND THE BENEFICIAL OWNER

Name of the beneficial owner of the Preferred Securities	Email address
MAXIMILIANO HERRERA CAMPOS	
Postal address	
AV MERIDIANA 329 5 - 1 08027 , BARCELONA - ESPAÑA	
Preferred Securities	
EUR200,000,000 Fixed Rate Enhanced Capital Advantaged Preferred Securities (Euro ECAPS®)	
Issue Program	
Euro Fixed Rated Enhanced Capital Advantaged Preferred Securities (Euro ECAPSSM)	
ISIN Code	Issue Date
XS0282978666	25th January, 2007
Issuer	Guarantor
Lehman Brothers UK Capital Funding IV LP	Lehman Brothers Holdings Inc.
Nominal Amount (per Preferred Security)	No. of Preferred Securities
1000	40
Aggregate Nominal Amount	
40000	
Bank who acted in the purchase of the Preferred Securities	
DEUTSCHE BANK S.A.E.	
Current custodian bank	Clearing system
DEUTSCHE BANK S.A.E.	EUROCLEAR BANK S.A. / N.V.
Signature of the beneficial owner of the Preferred Securities	
	
D. Maximiliano Herrera Campos	

Deutsche Bank 

ORDEN DE VALORES

CUENTA DE VALORES Formato CCV			
Entidad	Oficina	DC	Nº cuenta
0019	0010	11	0100606965

TITULARIDAD			N.I.F. (1)
<ul style="list-style-type: none"> - MAXIMILIANO HERRERA CAMPOS - TERESA MARTÍNEZ MARTÍNEZ 			<ul style="list-style-type: none"> - 37969833-F - 37750969-B
-			

TIPO DE OPERACIÓN ESCRIBA la operación a realizar (2)	COMPRO
En modificación/anulación de órdenes, anotar el NÚMERO DE ORDEN	

CÓDIGO VALOR	CLASE DE VALOR (ACCIONES, OBLIGACIONES) (3) Y DENOMINACIÓN VALOR (EMISORA Y EMISIÓN)	CANTIDAD			CAMBIO LÍMITE (4)	PLAZO VALIDEZ (5)
		Nº VALORES	NOMINAL	MONEDA		
	LEHMAN BROTHER 5.75 % ANUAL CALL 25.04.12	50	50000	EUROS		

CONDICIONES DE LA OPERACIÓN (Indicar cualquier característica no reflejada en el cuadro anterior) (6)	
TIPO DE EJECUCIÓN (7)	VALORES MÍNIMO (7)

TRASPASO DE VALORES	
SOLICITUD DE VALORES A OTRA ENTIDAD	ENTIDAD: _____
ENTREGA DE VALORES A OTRA ENTIDAD	REFERENCIA BANCARIA: _____
<p>Nota: Cuando la orden de traspaso se refiere a SOLICITUD de valores depositados en otra Entidad, se deberá adjuntar la documentación que exija la Entidad para que ésta pueda proceder a la cumplimentación de sus instrucciones por nuestra mediación.</p>	

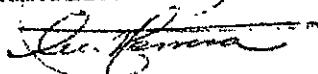
IDENTIFICACIÓN DEL ORDENANTE, SI ES DISTINTO DEL TITULAR	N.I.F. (1)

El ordenante hace constar que recibe copia de la presente orden, y que conoce su significado y transcendencia, así como la tarifa de comisiones y gastos aplicables que lleva implícita la operación, autorizando a la Entidad a asentar los importes en otra cuenta que posea si en caso de débito no tuviera saldo disponible en la indicada para atender su liquidación y, en último extremo, a la enajenación de los valores en la cantidad necesaria para resarcirse de la cantidad que acrede, así como a reclamar la cantidad adeudada, o la parte de la misma que queda pendiente después de realizar la venta, y sus intereses al tipo publicado por la entidad en cada momento para los descubiertos en cuenta.

El ordenante declara que conoce las condiciones para operaciones de bolsa que constan en la página siguiente.

ADEUDO/ABONO EN LA CUENTA CÓDIGO CUENTA CLIENTE (C.C.C.)			
Entidad	Oficina	D.C.	Nº de cuenta
0019	0010	11	4210005592

FIRMA DE LOS ORDENANTE/S



Firmado: MAXIMILIANO HERRERA CAMPOS

Fecha: 31/05/2007

ARCHIVO JUSTIFICANTE DE ÓRDENES (RD 629/93 Y CIRCULAR 3/93 DE C.N.M.V.)			
SUCURSAL	FECHA	HORA/MINUTO	NÚMERO DE ORDEN
0010 - SANT ANDREU	31/05/07		

I TAIIDACION DERECHOS DE CUSTODIA

Deutsche Bank

1

DEUTSCHE BANK		TEL.	CUENTA DE VALORES			HOJA	
FECHA	OFICINA	933451511	0019	0010	11	0100606965	1
02.07.07	BARNA-S.ANDREU						
TITULAR/ES		N.I.F./C.I.F.	CODIGO CUENTA CLIENTE (C.C.C.)				
MAXIMILIANO HERRERA CAMPOS		37969833P	ENTIDAD	OFICINA	D.C.	NUMERO CUENTA	
TERESA MARTINEZ MARTINEZ		37750969B	0019	0010	11	4210005592	
CLASE DE VALOR	CONCEPTO	TITULOS	NOM./EFC.^	TARIFA	IMPORTE		
BN. LEHMAN BROTHERS UK 5.75%	POSICION A	29.06.07	40.000	38.700,00	.0531%	20,56	

* TARIFA APlicada SOBRE VALOR NOMINAL EN VALORES NACIONALES Y SOBRE VALOR EFECTIVO EN VALORES EXTR
EN MOVIMIENTOS LA TARIFA APlica SOBRE EL NUMERO DE DIAS ENTRE FECHA DE OPERACION Y FINAL DE PERIOD
PERIOD: TERCER TRIMESTRE 2007
ESTA LIQUIDACION CORRESPONDE A LA POSICION A INICIO DEL PERIOD INDICADO Y A LOS
MOVIMIENTOS DE ENTRADA PRODUCIDOS DURANTE EL ANTERIOR.
LIQUIDAMOS EL IMPORTE TOTAL MEDIANTE ADEUDO EN CUENTA

US.
DERECHOS DE CUSTODIA 20,56
V.A. 16 % 3,29
GASTOS CORREO 0,30

VALOR TOTAL 24,15
02.07.07

DEUTSCHE BANK, Sociedad Anónima Española. - C.I.F. A-08000614 - R.M. de Barcelona, H.3.089, F.40, T.617, L.174, S.2.

00008027 01 009458 01 20070707 FR 057

IN PROCESSING
VED

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